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CONFIRMATION NO. 5536

SERIAL NUMBER 10/655,543	FILING DATE 09/03/2003 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 1312.03
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APPLICANTS

Donna M. Shattuck, Salt Lake City, UT;
 Steven Stone, Sandy, UT;
 Deanna L. Russell, Salt Lake City, UT; Victor Abkevich, Salt Lake City, UT;
 Steven Hunt, Salt Lake City, UT;

** CONTINUING DATA *****
JP This appln claims benefit of 60/407,817 ABN
 and claims benefit of 60/433,074 12/13/2002

** FOREIGN APPLICATIONS *****
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/26/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>John A. Siffert</i> Examiner's Signature Initials	STATE OR COUNTRY UT	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS
 26698
 MYRIAD GENETICS INC.
 INTELLECUTAL PROPERTY DEPARTMENT
 320 WAKARA WAY
 SALT LAKE CITY , UT
 84108

TITLE
 Obesity gene and use thereof

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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